Code Compliance Division
Business Compliance Unit
300 Richards Blvd., 3rd Floor
Sacramento, CA 95811
Main Phone: (916) 808-8038
E-Mail: BC@cityofsacramento.org

APPEAL REQUEST FORM

Case No.: _____
Business Name: _____
_____

I hereby appeal the Administrative Penalty relative to case number listed above and **agree to pay the Reinspection Appeal Fee in the amount of $50** to appeal violations in relation to this penalty (per City Code Title 1.28) prior to the City scheduling a date for the Appeal Hearing.

My legal interest in this property is:

____ Owner ____ Beneficiary ____ Other: _____

I submit the following material facts to substantiate action in reversing, modifying or setting aside the action of theCity of Sacramento:_____

_____

_____

_____

_____

I hereby certify under penalty of perjury that the information submitted in the appeal is true.

Print Name: _____ Signature: _____

Address: _____ Date: _____

_____ Phone:(_____) _____-_____

City: _____

State: _____ Zip: _____

NOTE: **If this form is received incomplete, it will be returned to you and may result in a delay in scheduling your case before the Hearing Examiner.**

Accounting information: 343060-1001-21000-21001314
Business Compliance Reinspection Fee